FORM D

SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549



02027107

UNITED STATES

FORM D « NOTICE OF SALE OF SECURITIES

RECEIVED

PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2002

Estimated average burden hours per form.....16.00

SEC USE ONLY							
	Serial						
E RECEI	VED						

			•	•
Name of Offering (check if this is an amendment and name ha	s changed, and indicate o	change.)		
Filing Under (Check box(es) that apply):	Rule 505	Rule 506	Section 4(6)	☐ ULOE
Type of Filing: New Filing Ar	nendment			
	ENTIFICATION DATA			
1. Enter the information requested about the issuer				
Name of Issuer (check if this is an amendment and name has Esmond & Woodledge, LLC	changed, and indicate cl	nange.)		
Address of Executive Offices (Number and Street, Contract of the Contract of t	City, State, Zip Code)	Telephone Num	ber (Including Area	Code)
56 Boylston Street, Randolph, Massachusetts 02368		617-968-6810	•	
Address of Principal Business Operations (Number and Street, (if different from Executive Offices)	City, State, Zip Code)	Telephone Num	ber (Including Area	PROCESSE
Brief Description of Business				
Multi-Family Residential Real Estate properties.			Ð	APR 3 0 2002
				THOMSON
Type of Business Organization				FINANCIAL
	nership, already formed		⊠other (please spe	
business trust limited parts	nership, to be formed		Limited Liability	Company
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S.)			Estimated M	A
General Instructions Federal: Who Most Files All issues making on effering of acquaities in relies	noo on on one area 3	on Domilotia - D	on Spation 4(6) 17 C	PPD 990 501 of
Who Must File: All issuers making an offering of securities in reliations seq. or 15 U.S.C. 77d(6).	nce on an exemption und	er kegulation D	or Section 4(b), 17 C	rn 230.501 et

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Uritsky, Oleg Business or Residence Address (Number and Street, City, State, Zip Code) 62 Glenville Avenue, Suite 16, Boston, Massachusetts 02134 Check Box(es) that Apply: □ Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Krol, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 56 Boylston Street, Randolph, Massachusetts 02368 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Shrever, Igor Business or Residence Address (Number and Street, City, State, Zip Code) 58 Boylston Street, Randolph, Massachusetts 02368 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Hochstein, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 4207 Cedar Tree Lane, Burtonsvelle, Maryland 20866 Beneficial Owner **Executive Officer** ☐ Director Check Box(es) that Apply: __ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter Beneficial Owner Executive Officer ☐ Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMA	TION AB	OUT OF	FERING				
1. H	as the issuer		es the issue wer also in					this offerin	g?		les	No
2. W	hat is the m	inimum inv	estment tha	ıt will be ac	cepted from	any indivi	dual?				\$ 1,000.0	0
3. D	oes the offer	ing permit j	oint owners	hip of a sin	gle unit?						Yes	No
co pe st	nter the information or erson to be lates, list the roker or deal	similar ren isted is an e name of t	nuneration : associated p he broker o	for solicitat person or a r dealer. I	ion of purch gent of a br f more than	nasers in con oker or dea n five (5) pe	nnection wi aler register ersons to be	th sales of s ed with the	ecurities in SEC and/o	the offering or with a sta	If a ate or	
Full Na	ame (Last na	me first, if	individual)									
N/A												
Busine	ss or Resider	nce Address	(Number a	nd Street, (City, State,	Zip Code)						
NT	. C. A	D. I.	D 1									
Name (of Associated	. Broker or	Dealer									
States	in Which Pe	rson Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers	· · · · · ·				· · · · · ·	
(C	Check "All St	ates" or che	ck individua	al States)								All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
[RI] Full Na	[SC] ame (Last na	[SD] me first, if	[TN] individual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Busine	ss or Reside	nce Address	(Number a	nd Street, (City, State, 1	Zip Code)						
Name o	of Associated	Broker or	Dealer									
	in Which Pe											
(C	Check "All St	ates" or che	ck individua	al States)								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	ame (Last na	me first, if	individual)				•					
Busine	ss or Resider	nce Address	(Number a	nd Street, (City, State,	Zip Code)						
					•,	• ,						
Name o	of Associated	Broker or	Dealer									
States	in Which Pe	rson Listed	Has Solicite	ed or Intend	ls to Solicit	Purchasers						
(C	Check "All St	ates" or che	ck individua	al States)								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total a already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange of check this box and indicate in the columns below the amounts of the securities offe exchange and already exchanged.	ffering,	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity		
	Equity	\$0	\$0
	Common Preferred		
	Convertible Securities (including warrants)	\$0	\$ 0
	Partnership Interests	\$0	\$0
	Other (Limited Liability Company Membership)	\$ 406,000.00	\$ 406,000.00
	Total	\$ 406,000.00	\$ 406,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	,	,,
2.	Enter the number of accredited and non-accredited investors who have purchased securithis offering and the aggregate dollar amounts of their purchases. For offerings under Ruindicate the number of persons who have purchased securities and the aggregate dollar a of their purchases on the total lines. Enter "0" if answer is "none" or "zero".	ıle 504,	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	11	\$ 406,000.00
	Non-accredited Investors	0	\$ 0
		v	φ 0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) prior to the first sale of securities in this offering. Classify securities by type listed in P Question 1.	months	
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Kuje 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses issuer. The information may be given as subject to future contingencies. If the amount expenditure is not known, furnish an estimate and check the box to the left of the estimate	of the at of an	
	Transfer Agent's Fees		¬ \$
	Printing and Engraving Costs		\$ 100.00
	Legal Fees		\$ 20,000.00
	Accounting Fees		\$ 200.00 \$ \$
	Engineering Fees		∐
	Sales Commissions (specify finders' fees separately) Other Expenses (identify)		
	Total		\$ 20,300.00
	L V V 4		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES	AND	USE OF PRO	CEEDS
	b. Enter the difference between the aggrega Question 1 and total expenses furnished i difference is the "adjusted gross proceeds to the	in response to Part C-Question	on 4.a	a. This	\$ 385,700.00
5.	Indicate below the amount of the adjusted grobe used for each of the purposes shown. If furnish an estimate and check the box to payments listed must equal the adjusted grost to Part C - Question 4.b above.				
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$ 20,625.00	\$
	Purchase of real estate			\$ 361,075.00	\$
	Purchase, rental or leasing and installation of machi	nery and equipment		\$	\$
	Construction or leasing of plant buildings and facilities	es		\$	\$
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass pursuant to a merger)	ets or securities of another issuer		\$	□ \$
	Repayment of Indebtedness		П	\$	S
	Working Capital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ 4,000.00	
	Other (specify):			\$	\$
	Column Totals			\$ 385,700.00	
	Total Payments listed (column totals added)			 \$_	
	D.	FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnisinformation furnished by the issuer to any non-accredit	sh to the U.S. Securities and Exchang	e Com	mission, upon writt	
Iss	ner (Print or Type)	Signature		Date	
	mond & Woodledge, LLC me of Signer (Print or Type)	Title of Sinday (Print on Thurs)		March 23, 2002	
	ne of Signer (Frint or Type) sg Uritsky	Title of Signer (Print or Type) Managing Partner			

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E.	STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?										
	See Appendix, Column	n 5, for state response									
2.		The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish t issuer to offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.										
	e issuer has read this notification and knows the contents dersigned duly authorized person.	s to be true and has duly caused this	notice to be signed on its behalf by the								
Issi	uer (Print or Type)	Signature	Date								
Na	me (Print or Type)	Title (Print or Type)									

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-ac investors (Part B	to sell ccredited in State	Type of security and aggregate offering price offered in State (Part C - Item 1)		4 Type of investor and amount purchased in State (Part C - Item 2)			Disqual under Sta (if yes,	atte ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No
AL	163	NO		IIIVestors	Amount	Investors	Amount	165	INO
AK									
AZ									
AR									
CA									
со									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA							-		
KS				100					
KY							**************************************		
LA									
ME									
MD		X	LLC Membership \$406,000	1	\$406,000	0	0		X
MA		Х	LLC Membership \$406,000	10	\$406,000	0	0		Х
MI									
MN									
MS									
MO							·		

APPENDIX 1 2 3 4 5 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and to non-accredited explanation of investors in State offered in State amount purchased in State waiver granted) (Part B - Item 1) (Part C - Item 1) (Part C - Item 2) (Part E - Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MT NE NV NH NJ NM NY NC ND OHOK OR PA RISC SD TN TXUT VTVA WA WV WI WY PR